



DOUGLAS A. DUCEY
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100 SCOTTSDALE, AZ 85258
PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039
VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE & SURGERY AS A VETERINARY FACULTY MEMBER

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board office at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

I, _____, make application to the Arizona State Veterinary Medical Examining Board for licensure in the State of Arizona pursuant to A.R.S. Title 32, Chapter 21, Article 2: Licensing, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

License Application Fee(s):

☐ Submit Veterinary Faculty Member license (\$400)
(enclose with application)

All fees are non-refundable and are to be submitted by cash, money order, or check payable in U.S. dollars

SECTION 1: PERSONAL INFORMATION

Name: _____ Maiden Name: _____

Mailing Address: _____
Street

City _____ County _____ State _____ Zip _____

Home Phone: (____) _____ Cell phone: (____) _____

Fax Number (____) _____ Email Address: _____


SSN: _____ Date of Birth: _____ Gender: _____ Female _____ Male

Are you a US Citizen? Yes _____ No _____ If no, what is your country of citizenship? _____

How would you prefer your name to read on your wall license? _____

SECTION 2: EDUCATION & EXAMS

<u>Name(s) of College/University</u>	<u>Date(s) of Attendance</u>	<u>Date(s) of Graduation or Expected Graduation</u>	<u>Diploma(s) or Degree(s) Earned or to be Earned</u>

NOTE 
Transcripts

If you do not hold, or have never held an Active veterinary license in the United States and/or Canada, you must have an official final transcript sent directly to the Board by the AVMA-accredited veterinary college from which you graduated. The transcript must show graduation date and degree earned.

FOREIGN GRADUATES ONLY

- Are you currently enrolled in either the ECFVG or PAVE program? **Yes** **No**
If Yes, Indicate Program: ECFVG _____ PAVE _____
NOTE: If enrolled, a letter verifying your enrollment must be sent to this Board directly from AAVSB or AVMA.
- Have you received a certificate of completion from the ECFVG program or the PAVE program?
Yes **No** *If yes, please include a copy of the Certificate of Completion with this application.*

SECTION 3: CURRENT VETERINARY COLLEGE EMPLOYMENT INFORMATION


College/University Name: _____

Business Address: _____
Street City State Zip

Contact Phone Number: (____) _____

Your position at the college/university: _____

Dates of Employment: _____

NOTE 
– Letter from Employer

Please ensure that documentation is submitted from an authorized official at the college/university that indicates that you have been appointed to the faculty. The documentation must be submitted directly to the Board from the college/university.

SECTION 4: LICENSES --- LIST ALL STATES IN WHICH YOU ARE OR HAVE EVER BEEN LICENSED

State	License Number	Date License Granted	Date(s) and Status (Active, Lapsed, Inactive, Probation, etc.)

**SECTION 5: YOU ARE REQUIRED TO ANSWER ALL OF THE FOLLOWING QUESTIONS.
YOU MAY USE A SEPARATE SHEET OF PAPER IF NEEDED.**

- Have you ever been charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation, in any state or federal court? **If yes**, give a full explanation on a separate sheet of paper and submit a **certified** copy of Record of Conviction and Record of Disposition. You must answer "yes" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights restored and/or whether or not sentence was imposed or suspended.

Date of Occurrence(s) _____

Yes

No

- Have you ever been denied a license by any state, or denied the privilege of taking a state examination before any State Board of Veterinary Medical Examiners?

Yes

No

If yes, please explain:

- Has any license to practice veterinary medicine and surgery issued to you been revoked or suspended?

Yes

No

If yes, please explain:

- Has any license to practice veterinary medicine and surgery issued to you been placed on probation, or have you ever been fined, censored, or charged with a violation of the veterinary practice act in any state in the U.S? Are you aware of any *pending* complaints, investigations or disciplinary actions regarding your veterinary license in any state?

Yes

No

SECTION 6: AFFIDAVIT OF APPLICANT

Print The Applicant's Full Name: _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any past or present employer, past or present business or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

I further affirm that I have reviewed the Arizona Revised Statutes (Title 32, Chapter 21) and the Administrative Rules that pertain to the Arizona State Veterinary Medical Examining Board.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

STATE OF _____)

COUNTY OF _____)

Notary Public Signature

My Notary Commission Expires on

Seal: _____



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MORAL CHARACTER LETTER OF RECOMMENDATION **PROFESSIONAL QUALIFICATION FORM**

Please provide your input regarding the moral character and professional qualifications of the applicant. Veterinarian may use his or her own letterhead. Please return this form to the Board office. Form may be faxed or emailed to kodi.calais@vetboard.az.gov.

Name of Applicant: _____

Dear Veterinary Medical Examining Board:

Signature of Veterinarian: _____ Phone: _____ Date: _____

Print Veterinarian Name: _____
(Please Print Clearly)

Address: _____
Street City State Zip



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VERIFICATION OF LICENSURE

APPLICANT AUTHORIZATION:

Name: _____ License Number: _____

Address: _____
Street City State Zip

I authorize the Veterinary Medical Board of _____ (State) to release the information below to the Arizona State Veterinary Medical Examining Board.

Applicant's Signature _____
Date _____

BOARD VERIFICATION:

Board Address: _____
Street City State Zip

Board Phone: _____ Board Fax: _____

Veterinarian's License Number: _____

Date License Issued: _____ Expiration Date: _____

Current License Status: (Active, Inactive, Lapsed, etc.): _____

Disciplinary Action: _____ No _____ Yes

Current Disciplinary Action: _____ No _____ Yes

Pending Disciplinary Action: _____ No _____ Yes

If "yes" to any disciplinary action, please attach a certified copy of the Findings of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.

Name of Board Official: _____
Please Print

Signature of Board Official: _____

Title of Board Official: _____ Date of Signature _____

Official Board Seal:

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License
- Arizona State Veterinary Medical Examining Board -

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one): ☐ INITIAL APPLICATION ☐ REAPPLICATION

TYPE OF LICENSE/CERTIFICATION (Check one): ☐ D.V.M. ☐ C.V.T.

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

- If you answered **Yes**,
- 1) Attach a legible copy of a document from List A (attached)
Name of document _____
 - 2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from List B (Attached) or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)

- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE SIGNED

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.